

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/593580

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		2					59						
10	1						60						
11							61						
12		1					62						
13		1					63						
14		2					64						
15		1					65						
16		2					66						
17							67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		2					72						
23		1					73						
24		2					74						
25							75						
26		2					76						
27		1					77						
28		2					78						
29		1					79						
30		1					80						
31		1					81						
32		2					82						
33		1					83						
34		1					84						
35		2					85						
36		1					86						
37		2					87						
38		1					88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	32						TOTAL CLAIMS						